| 2100 171                   |                          | <u> </u>   |                         |
|----------------------------|--------------------------|--|-------------------------|
| DATE:                      | 9/19/0                   | FROM: BINH   | TIEN 2643               |
| FORWARD                    | TO:                      | REASON(S):   |                         |
| A. Art Unit:               | _ 2661                   | A. You had Parent  | (check box)             |
| B. Class:                  | 370                      | B. See Title   | (check box)             |
| C Subclass:                |                          | C. See Abstract  | (check box)             |
|                            |                          | D. See Claim(s):   |                         |
| _                          | XPLANATION               |  |                         |
| Die                        | GITAL CO                 | MMUNICATION CHANDAN  |                         |
| DATE:                      |                          | FOR DSL  | Devices.                |
|                            |                          | FROM:  |                         |
| ORWARD 1                   |                          | REASON(S):   |                         |
| -ORVVARD 1<br>4. Art Unit: | υ:                       | A. You had Parent  | (check bax)             |
| 3. Class:                  |                          | B. See Title   | (check box)             |
|                            |                          | C. See Abstract  | (check box)             |
| Subclass:                  |                          | D. See Claim(s):   | •                       |
|                            | KPLANATION I             |  |                         |
| ATE:                       | KPLANATION I             | IF NEEDED: FROM:   |                         |
| ATE:                       |                          | FROM:  |                         |
| ATE:                       | CLASSIFIEF               | FROM:  |                         |
| ATE:                       |                          | FROM: REASON(S):   | (check box)             |
| ATE:                       |                          | FROM:  REASON(S):  A. You had Parent   |                         |
| ORWARD T                   | O CLASSIFIER             | FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  | (check box)             |
| ORWARD T                   |                          | FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  | (check box)             |
| ORWARD T                   | O CLASSIFIER             | FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  | (check box)             |
| ORWARD T                   | O CLASSIFIER             | FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  | (check box)             |
| ORWARD T                   | O CLASSIFIER             | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  F NEEDED:   | (check box)             |
| ORWARD T                   | O CLASSIFIER             | FROM:  REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  | (check box)             |
| ORWARD TO                  | O CLASSIFIER PLANATION I | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED:  | (check box)             |
| ORWARD TO                  | O CLASSIFIER PLANATION I | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED:  CLASSIFICATION CLASSIFIER:   | [check box] [check box] |
| ORWARD TO                  | O CLASSIFIER PLANATION I | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED:  CLASSIFICATION  CLASSIFIER: REASON(S):                                  |                         |
| ORWARD TO                  | O CLASSIFIER PLANATION I | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED:  CLASSIFICATION  CLASSIFIER: REASON(S): A. You had Parent                 |                         |
| ORWARD TO                  | O CLASSIFIER PLANATION I | FROM:  REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  F NEEDED:  CLASSIFICATION  CLASSIFIER:  REASON(S): A. You had Parent B. See Title |                         |